

| STATEMENT OF ORGANIZATION | | OFFICE USE ONLY |
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| 1. Name and Address of Committee URBAN GAME CHANGERS OF LOUISIANA POLITICAL AC PO BOX 4764 BATON ROUGE, LA 70821 Check If: New Committee <u> X </u> | 2. Date of this Statement <div style="text-align: center;">2/25/2014</div> | Report Number: 48422 Date Filed: 3/4/2015 |
| | 3. Estimated Membership <div style="text-align: center;">100</div> | |
| | 4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> | |
| 5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <div style="display: flex; justify-content: space-between;"> a. <u>Name</u> b. <u>Position</u> c. <u>Address</u> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 33%;"> SARAH HOLLIDAY Treasurer </div> <div style="width: 33%;"> Chairperson Treasurer </div> <div style="width: 33%;"> PO BOX 4764 BATON ROUGE, LA 70821 </div> </div> | | |
| 6. Affiliated Organizations <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small> <div style="display: flex; justify-content: space-between;"> a. <u>Name</u> b. <u>Address</u> c. Relationship to Committee </div> | | |
| 7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) <div style="display: flex; justify-content: space-between;"> a. <u>Name</u> b. <u>Address</u> </div> <div style="text-align: center; margin-top: 10px;">On attached sheet</div> | | |
| 8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee | | |
| b. Name of Candidate | c. Office Sought by the Candidate | |
| 9. a. Name of Person Preparing Report AMANDA KATZ b. Daytime Telephone 225-767-7163 | | |
| 10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. This <u> 4th </u> day of <u> March </u> , <u> 2015 </u> . <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <u>SARAH HOLLIDAY</u> Signature of Committee/Chairperson </div> <div style="width: 45%;"> <u>225-284-5786</u> Daytime Telephone </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> _____ Signature of Committee Treasurer, if any </div> <div style="width: 45%;"> _____ Daytime Telephone </div> </div> | | |

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name

REGIONS BANK

b. Address

400 CONVENTION STREET
BATON ROUGE, LA 70802